



# Ambulance HCPCS Codes and Modifiers

Chief Business Office Purchase Care  
Department of Program Integrity (DPI)

October 2013

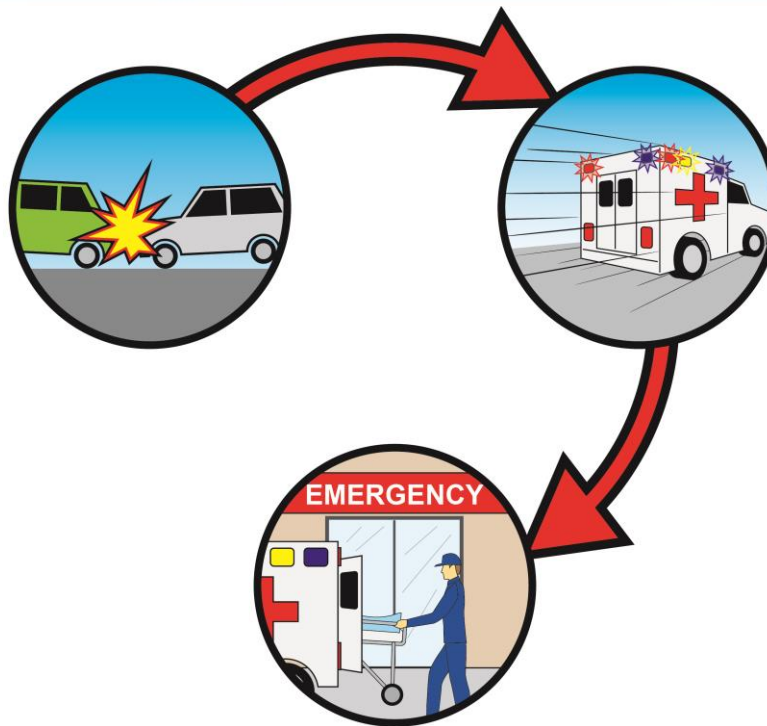


**VA**  
HEALTH  
CARE | Defining  
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# Objectives

- **Recognize Typical Ambulance Flow of Events**
- **Identify Appropriate Billing Practices**
- **Define Ambulance HCPCS Codes**
- **Describe Ambulance Modifiers**

# Typical Flow of Events



**The patient has been involved in an auto accident, the ambulance transports the patient to the hospital, and the patient arrives at the hospital for treatment.**

# Ambulance & Hospital Claim

## Ambulance Claim

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)												22. MEDICAID RESUBMISSION CODE				ORIGINAL REF. NO.									
1. 959 01												3.													
2. 959 8												4.													
24. A.		DATE(S) OF SERVICE				B.		C.		D. PROCEDURES, SERVICES, OR SUPPLIES				E.		F.		G.		H.		I.		J.	
		From To				PLACE OF SERVICE		EMG		(Explain Unusual Circumstances)				DIAGNOSIS POINTER		\$ CHARGES		DAYS OF UNITS		EPSDT Family Plan		ID. QUAL.		RENDERING PROVIDER ID. #	
		MM DD YY MM DD YY				SERVICE				CPT/HCPCS MODIFIER															
		09 10 13 09 10 13				41				A0429 RH				1,2		550 00		1				NPI		123456789	
		09 10 13 09 10 13				41				A0425 RH				1,2		253 20		21				NPI		9876543210	

## Hospital Claim

Institutional																									
38 VETERAN ADM - SKYLINE OFFICE 1234 WE CARE BLVD VA MEDICAL CENTER SKYLINE, PA 123454321																									
39 CODE VALUE CODES AMOUNT																									
a																									
b																									
c																									
d																									
42 REV. CD.		43 DESCRIPTION				44 HCPCS / RATE / HIPPS CODE				45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NONCOVERED CHARGES		49							
0450		EMERGENCY ROOM				99284				091013		1		449.50											
Professional																									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)												22. MEDICAID RESUBMISSION CODE				ORIGINAL REF. NO.									
1. 812 03												3.													
2.												4.													
24. A.		DATE(S) OF SERVICE				B.		C.		D. PROCEDURES, SERVICES, OR SUPPLIES				E.		F.		G.		H.		I.		J.	
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		MM DD YY MM DD YY				SERVICE				CPT/HCPCS MODIFIER															
		09 10 13 09 10 13				23				99284				1		232 00		1				NPI		987654321	
		09 10 13 09 10 13				23				99284				1		232 00		1				NPI		0123456789	

Ambulance claim using a CMS 1500 and a hospital claim that includes both an institutional claim using a UB 04 and a professional claim using a CMS 1500.

# Ambulance HCPCS Codes

HCPCS Code	Description
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)
A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)
A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers
A0433	Advanced life support, level 2 (ALS 2)
A0434	Specialty care transport (SCT)

**Table of ambulance HCPCS codes and their descriptions.**



# Ambulance Modifiers

Alpha Code	Description
D	Diagnostic or therapeutic site other than P or H
E	Residential, domiciliary, custodial facility (nursing home, not SNF)
G	Hospital-based ESRD facility
H	Hospital
I	Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
J	Freestanding ESRD facility
N	Skilled Nursing Facility
P	Physician's office
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician's office in route to hospital

**Table of ambulance modifiers and their descriptions.**

# Ambulance & Hospital Claim

## Ambulance Claim

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24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE			C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OF UNITS	H. EPSON Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #			
MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER											
09	10	13	09	10	13	41	A0429	RH		1,2	550	00	1		NPI	123456789			
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																		0123456789	

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# Conclusion

- **Typical Ambulance Flow of Events**
- **Appropriate Ambulance Billing Practices**
- **Ambulance HCPCS Codes**
- **Ambulance Modifiers**



# References

**Veterans Affairs manages several health care programs that reimburse private health care providers for caring for our Veterans and their eligible family members. Unfortunately these health care programs have a different statutory and regulatory authority, which creates diverse payment methodologies. The majority of VA health care programs utilize Medicare's payment methodologies or something very similar.**

**Therefore, providers and facilities that utilize Medicare's billing and coding guidelines will greatly minimize claim delays or rejections as a result of the Program Integrity Tools fraud and abuse review.**

**The following Medicare link is an excellent source of billing and coding guidance for all providers and facilities:**

**Medicare Claim Processing Guide**

**<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>**